

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>03-007</u>	2. STATE: Puerto Rico
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

4. REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE August 13, 2003
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5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN
 ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN
 ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(p); 42 CFR 438.808; 1932(d)(i) 42 CFR 438.610	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 78(a) of Section (b)(i)(B) and Page 78b ** See Remarks	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 78(a) of Section (b)(1)(B) and page 78b

10. SUBJECT OF AMENDMENT:

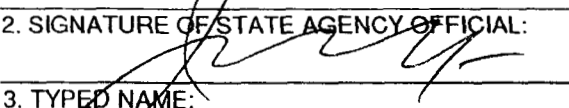
Excluded entities/Prohibited affiliation

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
 ☒ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

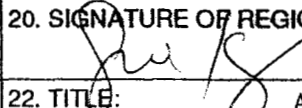
Not submitted to Governor's Office

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <u>Puerto Rico (03-007)</u> <u>approved: 02/24/04</u> <u>effective: 08/13/03</u>
13. TYPED NAME: Johnny Rullán, MD, FACPM	
14. TITLE: Secretary of Health	
15. DATE SUBMITTED: September 26, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: SEP 30 2003	18. DATE APPROVED: FEB 24 2004
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/13/03	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Sue Kelly	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health

23. REMARKS:

Originally submitted pages have been revised, replaced and approved.

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: [Puerto Rico]

Citation (b) The Medicaid agency meets the requirements of –

1902(p) of the Act (1) Section 1902(p) of the Act by excluding from participation—

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

(B) An MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that –

- (i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
- (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b) (8)(B) of the Act.

1932(d)(1)
42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c)

TN # 03-07
Supersedes TN # 88-4

Effective Date 08/13/03
Approval Date FEB 24 2004

Revision: HCFA-AT-87-14 (BERC)
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Citation

1902(a)(39) of the Act
P.L. 100-93
(section 8(f))

(3) Section 1902(a)(39) of the Act by -

- (A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 and 1128A of the Act; and
- (B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of -

1902(a)(41)
of the Act
P.L. 96-272
(sec. 308(c))

- (1) Section 1902(a)(41) of the Act with respect to prompt notification to CMS whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State Plan; and

1902(a)(49) of the Act
P.L. 100-93
(sec. 5(a)(4))

- (2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

TN # 03-07
Supersedes TN # 88-4

Effective Date 08/13/03
Approval Date FEB 24 2004